24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
CREDO SUPERPAC	C C00507517
Check if X 24-hour report 48-hour report New report Amends report file	ed on M M / D D / Y Y Y Y Y
Full Name of Payee The Spoken Hub	Date of Public Distribution/Dissemination
<u>'</u>	10 24 2014
Mailing Address PO Box 615	Amount
City State Zip Code	6510.00
Manhasset NY 11030	Transaction ID : SE.17053 Date of Disbursement or Obligation
Purpose of Expenditure Phones Category/ Type	M 10 / 24 / Y 2014
Name of Federal Candidate Support Offi	ice Sought: House District:00
MITCH MCCONNELL Oppose	President Senate State: KY
Calendar Year-To-Date Per Election for Office Sought Dis 201	bursement For: Primary General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
	M M / D D / Y Y Y Y
Mailing Address	Amount
	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Off	ice Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	sbursement For: Primary General
Tel Election for Office Sought	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	6510.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	6510.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Becky Bond [Electronically Filed] Date	10 24 2014
Signature	